



OFFENDER GRIEVANCE State Form 45471 (RS / 3-20) DEPARTMENT OF CORRECTION

FOR OFFICIAL USE ONLY

Grievance number

To	Facility	Date (month, day, year)
Facility Grievance Specialist	MCF	9/12/20
From (name of offender)	DOC number	Signature of offender
Leo Cullen	231731	<i>Leo Cullen</i>
Housing assignment	Date of incident (month, day, year)	
A-325	Sept. 4 2020	

Provide a brief, clear statement of your complaint or concern. Include any information that may assist staff in responding to your grievance.
(NOTE: A Single ONE-sided sheet of paper may be attached if necessary to explain your grievance.)

Sept. 5 I WAS BROUGHT BACK TO AMU DUE TO AN INCIDENT THAT HAPPENED ON SEPT. 4 IN L-DORM WHERE I WAS JUMPED AND MY PROPERTY WAS STOLEN. I DO NOT HAVE MY TV, HOTPOT, GTL EARBUD, GTL CHARGER, OR MY SIZE 11 SHOWER SHOES. ALL THESE WERE STOLEN, I HAVE PROOF OF PURCHASE, AND I FILED A THEFT REPORT. I NEED MY PROPERTY AS SOON AS POSSIBLE, I SHOULD NOT HAVE TO ENDURE THIS HARDSHIP AND UNCERTAIN TIMES WITHOUT MY BELONGINGS THAT MY FAMILY RIGHTFULLY PAID FOR. I ASKED LT. MORGAN ABOUT THIS AS WELL AS EVERY OTHER CO AND NOTHING HAS BEEN DONE, I HAVE A SERIOUS MENTAL HEALTH CODE AND NEED HELP WITH THIS SITUATION. MY THEFT REPORT WAS MADE ON 9-07-2020 TO LT. MORGAN AND NOW IM WAITING ON A TORT CLAIM WHICH ITS VERY HARD TO GET BEING LOCKDOWN 24-7. ~~IT TOOK 3 DAYS~~ TO MY FAMILY IS CALLING MCF AS WELL

State the relief that you are seeking.

I WOULD LIKE FOR ALL MY PROPERTY TO BE RETURNED OR REPALED IMMEDIATELY. I WOULD LIKE TO BE TRANSFERED IMMEDIATELY TO ANOTHER FACILITY. AND I WOULD LIKE TO BE COMPENSATED FOR THE PAIN, SUFFERING, AND DAMAGE THAT I HAVE HAD TO ENDURE.

Signature of Facility Grievance Specialist

Date (month, day, year)

9/12/20



RETURN OF GRIEVANCE State Form 45476 (RS / 1-20) INDIANA DEPARTMENT OF CORRECTION

To (name of offender)	DOC number	Facility	Date (month, day, year)
Cullen, Leo	231731	MCF	9-12-20
Work assignment	Housing assignment		
Idle	A-325		
Date grievance received (month, day, year)	Date grievance returned (month, day, year)		
9-23-20	9-24-20		

Please check the most appropriate response AND provide an explanation.

- ☐ Your concern is something that cannot be resolved by the Department of Correction. It goes beyond the authority of the Department.
- ☐ Your grievance was not timely submitted: ☐ Early or ☐ Late
- ☐ Your concern is a matter not appropriate to the grievance process. See Policy 00-02-301. Your concern may be better addressed by Classification (see Policy 01-04-101) or the Disciplinary Hearing Board (see Policy 02-04-101).
- ☐ A sex offender may not grieve the denial of visits with minors (see Policy 02-01-102).
- ☐ There is no indication that you were personally affected by the policy, procedure, or action described; and/or this complaint appears to be submitted on behalf of another person or group.
- ☐ Your complaint cannot be responded to as presented, but may be corrected and submitted again within five (5) business days.
- ☐ You are identified as a grievance abuser and are restricted from filing additional grievances for:
☐ Thirty (30) days ☐ Sixty (60) days ☐ Ninety (90) days (Please explain below.)
- ☐ The issue in this complaint or concern was addressed previously in Grievance # _____
- ☒ Other: See below.

Please describe your response in further detail.

Value of lost/stolen property goes through a tort claim. Paperwork attached.

Signature of Facility Grievance Specialist

Shauna Morson

Printed name of Facility Grievance Specialist

S. Morson

If you choose to correct the problem(s) listed above, you must do so and re-submit this form within five (5) business days.

DISTRIBUTION: Copy - Facility Grievance Specialist; Copy - Department Grievance Manager; Copy - Offender Packet, Facility; Copy - Offender

DISTRIBUTION: Original - Grievance Specialist; Copy - Offender; Copy - Offender Packet; Copy - IRIS